DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.

A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)
D TYPE OF DEPOSITOR ACCOUNT
   [ ] CHECKING [ ] SAVINGS

ADDRESS (street, route, P.O. Box, APO/FPO)

CITY STATE ZIP CODE

TELEPHONE NUMBER AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C SOCIAL SECURITY NUMBER

PAYEE/Joint PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE DATE SIGNATURE DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME
BIG SKY RX

GOVERNMENT AGENCY ADDRESS
PO BOX 202915
HELENA MT 59620

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION
(SELECT MUST BE FILLED OUT BY YOUR BANK OR YOU CAN SEND IN A VOIDED CHECK, NOT A DEPOSIT SLIP)

ROUTING NUMBER CHECK
   DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE’S NAME SIGNATURE OF REPRESENTATIVE TELEPHONE NUMBER DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Government Agency Copy

NSN 7540-01-058-0224

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